

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____	2 Serial/Patent # _____
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3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing Fee change				\$ 100.00
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND		\$ 100.00
		8 TO BE REFUNDED BY: <input checked="" type="checkbox"/>		
		Treasury Check		
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment		9		
No Fee Due (Explanation):				

10 REASON:

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Rita White

TITLE: Legal Assistant/Claim

SIGNATURE: Rita White

PHONE: 703-914-0447

OFFICE: DO/EO

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\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B